

Hashem is King his Son is prime



Temple of Leviticus Priest
Robert Murray

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Hashem See all Things

known as LEVITICUS LUCIFER No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

C.O John Doe C.O John Doe
OMH John Doe Supervisor of
of Pace program in GRVC

COMPLAINT
(Prisoner)

Do you want a jury trial?

Yes No

Sred The
Bath in river
of Blood in
The Name of
Righ

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

SEARCHED
SERIALIZED
INDEXED
FILED
FEB 3 2022
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert L Murray

First Name

Middle Initial

Last Name

Leviticus Lucifer

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3492103473

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC 09-09 Hazen St

Current Place of Detention

09-09 Hazen St East Elmhurst NY 11370

Institutional Address

NY NY 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>John</u>	<u>Joe</u>	
Current Job Title (or other identifying information)		
<u>09-09 HAZEN & GLYC</u>		
Current Work Address		
<u>Bronx</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
<u>John</u>	<u>Doe</u>	
Current Job Title (or other identifying information)		
<u>09-09 HAZEN & GLYC</u>		
Current Work Address		
<u>Bronx</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
<u>John Doe</u>		
Current Job Title (or other identifying information)		
<u>09-09 HAZEN & GLYC</u>		
Current Work Address		
<u>Bronx</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

GRVC 19 Bliday

Date(s) of occurrence:

around or about 1-2-22 to 1-27-22**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Beat up in C-95 By officers which maid me wechare Bond I can't walk the officers in C-95 Bout me To a cell in GRVC and place me on The Floor in The Peace Program it Not a wechare jail it has No resivable commidection for a person that can't walk The omitt Supervisor of peace program got me living in a cell on The Floor I have not Taken a shower in WEEKS There 2 officers Violating my Food By usery inapte to do it Table 20 officers beat me up By Spraying me with mace when I was on the Floor and jumping on me and punching me in my face in retaliation I filed a Lawsuit against officer on 1-27-22 The officer that喷 me with mace and punch me in the face

When I was on the Floor
and he called a Black inmate
a Nigga had in mates put somthing
in my food I ASK The inmate why
you a lettig The officer TELL you
TO DISS my Food I Told The co
if he Dont tell the Dep I will
Kill my SELF He told me to kill
my SELF I was found unconscious
in my cell By an officer and a
captain I told The capt.
that he has TO DO somthing
about me living on the floor
in my cell and The officers vitating
my Food in retaliation to me
Filing law suit against officer
all Evidence is on camera
and Body cam.

I living on The floor like
a Dog might a Dog live better
then the way I'm living at
This Time

Neck and Back and
Legs.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want the to give me my
wages and give me
my accommodations

50,000.000 punitive on OMT
50,000.000 punitive on D.A.C.
50,000.000 compensatory DMT
50,000.000 compensatory D.A.C.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

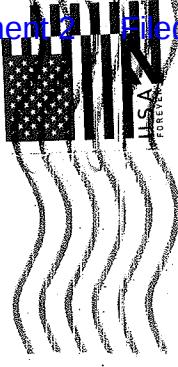
I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

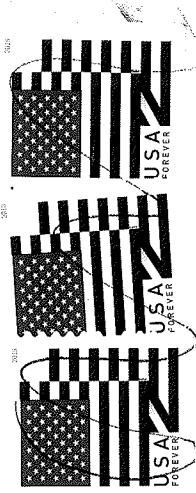
<i>1-27-22</i>			<i>MURRAY</i>
Dated <i>10/5/21</i>	Plaintiff's Signature <i>MURRAY</i>		
First Name <i>LOREN</i>	Middle Initial <i>O</i>	Last Name <i>GRENSE</i>	
Prison Address <i>Brent</i>	State <i>NY</i>	Zip Code <i>11270</i>	
County, City <i>Brent</i>			

Date on which I am delivering this complaint to prison authorities for mailing: *1-27-22*



Robert - Monday 3rd January
09-09-Hazell 54
as above + NY 1370

SDNY PROSECUTE OFFICE
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2022 FEB - 3 AM 10:29



Robert M. Morris
349-21-03493
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RECEIVED
SONY PRO SE OFFICE
FEB 10 2022
AM 10:22

Robert M. Morris
349-21-03493
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SONY PRO SE OFFICE
FEB 10 2022
AM 10:22
Southern District of New York
U.S. Post Office
New York, NY 10004